

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	VT	69007	9/28/99
O.I.P.E. CLASSIFIER		59	10/16/99
FORMALITY REVIEW	EA	60195	10/18/99

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	11/09
2	✓	✓	11/09
3	✓	✓	11/09
4	✓	✓	11/09
5	✓	✓	11/09
6	✓	✓	11/09
7	✓	✓	11/09
8	✓	✓	11/09
9	✓	✓	11/09
10	✓	✓	11/09
11	✓	✓	11/09
12	✓	✓	11/09
13	✓	✓	11/09
14	✓	✓	11/09
15	✓	✓	11/09
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47	✓	✓	11/09
48	✓	✓	11/09
49	✓	✓	11/09
50	✓	✓	11/09

Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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